

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 10-11-01 through 01-29-02.
- b. The request was received on 7-8-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. TWCC 66a
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated
 - b. TWCC 66a
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 8-2-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 8-5-02. The response from the insurance carrier was received in the Division on 8-19-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 7-23-02:
“The disputed issue is that the Carrier has only paid \$79.42 for each date stating ‘F’ fee guidelines MAR reduction. We resubmitted the claims to the Carrier requesting additional payment. The Carrier denied the request for payment stating denial after reconsideration. The expected out come of this issue is that we feel the claims should be paid.”
2. Respondent: Letter dated 8-15-02:
“The documentation does not show the AWP alleged by the Requestor is based upon a **nationally recognized** pharmaceutical reimbursement system in effect **on the day** the prescription was dispensed. The documentation from requestor is apparently an invoice from an unknown date (no later than June 2001) and of unknown source.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 10-11-01 through 01-29-02.
2. The Carrier has denied the disputed dates of service as reflected on the EOBs as, “F – FEE GUIDELINE MAR REDUCTION”
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code(s) | MARS | REFERENCE | RATIONALE: |
|----------|---------------------|----------------------------------|----------------------------------|--------------------|--------|---|--|
| 10-11-01 | Flexeril 10 mg #60 | \$83.57 for all dates of service | \$79.42 for all dates of service | F | No MAR | MFG: Pharmaceutical Fee Guideline; Rule 134.503 | The Carrier has denied the disputed service as "F". |
| 11-05-01 | Flexeril 10 mg #60 | | | F | | | There is no set MAR value for Flexeril reflected in the Medical Fee Guideline. Fee computation for brand name pharmaceuticals utilizes the following formula (AWP)/unit x number units x 1.09 + \$4.00 = MAR. The AWP is determined for dates of service 10-11-01 through 12-4-01 utilizing Price Alert and for dates of service 1-4-02 and 1-29-02 the reimbursement "...is determined by utilizing a nationally recognized pharmaceutical reimbursement system that is in effect on the day the prescription drug is dispensed." |
| 12-04-01 | Flexeril 10 mg #60 | | | F | | | |
| 01-04-02 | Flexeril 10 mg #60 | | | F | | | |
| 01-29-02 | Flexeril 10 mg #60 | | | F | | | |
| | | | | | | | The Provider has failed to supply documentation (a copy of Price Alerts or a nationally recognized pharmaceutical reimbursement system) to support their calculation for reimbursement for the dates of service in dispute. |
| | | | | | | | Therefore, the Medical Review Division cannot recommend additional reimbursement. |
| Totals | | \$417.85 | \$397.10 | | | | The Requestor is not entitled to reimbursement. |

The above Findings and Decision are hereby issued this 4th day of December 2002.

Lesia Lenart
 Medical Dispute Resolution Officer
 Medical Review Division

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